

**AMENDMENT TO BID NO. 10-056
FOR THE ANNUAL REQUIREMENTS FOR LIQUID INJECTION OF BIOSOLIDS
AGREEMENT FOR CITY FIRST RENEWAL**

This Amendment is hereby entered into on this 23 day of April, 2012 by and between **Parker Ag Services, LLC, 56036 Hwy 71, Limon, CO 80920** (hereinafter "Contractor") and **City of Lincoln** (hereinafter "City"), for the purpose of amending an Agreement dated June 24, 2010, under Resolution No. A-85903, (the "Agreement"), for **The Annual Requirements for Liquid Injection of Biosolids, Bid No. 10-056**, which is made a part hereof by this reference.

WHEREAS, the original term of the Agreement is June 24, 2010 thru June 23, 2012, with the option to extend for one (1) additional two (2) year periods upon written mutual consent of both parties; and

WHEREAS, the parties wish to extend the agreement for one (1) additional two (2) year periods beginning June 24, 2012 thru June 23, 2014; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants stated herein the parties agree as follows:

- 1) The term of the Agreement shall be from June 24, 2012, thru June 23, 2014.
- 2) All other terms of the Agreement, not in conflict with this Amendment, shall remain in full force and effect.

The Parties do hereby agree to all the terms and conditions of this Amendment. This Amendment shall be binding upon the parties, their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

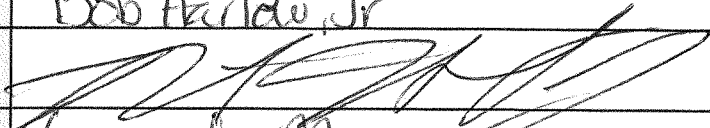
IN WITNESS WHEREOF, the Parties do hereby execute this Amendment.

Official City Use Only

Dated this _____ day of _____ 2012 _____ Chris Beutler, Mayor
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Supplier, please fill in the date and following information and mail back to our office; a faxed copy is not acceptable.

Executed this 23 day of April, 2012

Company Name: (PLEASE PRINT)	Parker Ag Services, LLC
By: (PLEASE PRINT)	Bob Harlow, Jr
By: (PLEASE SIGN)	
Title:	General Manager
Company Address: (PLEASE PRINT)	53036 Hwy 71 Limon, CO 80828
Company Phone & Fax: (PLEASE PRINT)	(719) 775-9870 (719) 775-9871
E-Mail Address: (PLEASE PRINT)	pam.albers@parkerag.com



CERTIFICATE OF LIABILITY INSURANCE

P.01/02
DATE (MM/DD/YYYY)
07/27/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Insurance Store, Inc. P O Box 174 Sidney, NE 68162 Dennis R. Hicks		308-254-2224 308-254-2229	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: PARKE-1	FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Employers Mutual Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 21415
INSURED PARKER AG SERVICES, LLC 19173 RD 193 LIMON, CO 80828					

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> INCLUDES X,C,U <input checked="" type="checkbox"/> Stop Gap Washingt GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	4D13936	08/01/11	08/01/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		4E13936	08/01/11	08/01/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000		4J13936	08/01/11	08/01/12	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				WC STATUS: <input type="checkbox"/> TOBY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	INLAND MARINE		4C13936	08/01/11	08/01/12	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 ADDITIONAL INSURED ENDORSEMENT WHICH IS PRIMARY & NON-CONTRIBUTORY IN FAVOR OF CITY OF LINCOLN, LINCOLN, NE

CERTIFICATE HOLDER

CANCELLATION

CITY OF LINCOLN 440 SOUTH 8TH STREET SUITE 200, SOUTHWEST WING LINCOLN NE 68508 FAX# 402-441-6513	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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